

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

09/396 486
APPLICANT(S) 7

12/16/03 CLAIMS 12/16/03					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT
	IND.	DEP.	IND.	DEP.	IND. DEP.
1			1		
2				1	
3				1	
4				1	
5				4	
6				4	
7				4	
8				4	
9				4	
10				①	
11			1		
12				1	
13				1	
14				1	
15				4	
16				4	
17				4	
18				4	
19				4	
20				4	
21			1		
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